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Draft country programme document***

Islamic Republic of Iran

Summary

The Executive Director presents the draft country programme document for the Islamic Republic of Iran for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $7,880,000 from regular resources, subject to the availability of funds, and $5,500,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2005 to 2009.

* Submission of the present document was delayed by necessary consultations with the UNICEF country office.

** E/ICEF/2004/8.

*** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF web site in October 2004, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2005.

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Basic data (2002 unless otherwise stated)	
Child population (millions, under 18 years)	27.8
U5MR (per 1,000 live births)	42
Underweight (% moderate and severe, 1998)	11
Maternal mortality ratio (per 100,000 live births, 1996)	37[a]
Primary school enrolment (% net, male/female, 2000)	78/73
Primary schoolchildren reaching grade 5 (%, 1999)	98[b]
Use of improved drinking water sources (%, 2000)	92
Adult HIV prevalence rate (%, 2001)	<0.1
Child work (%, children 5-14 years old, 2000)	14[c]
GNI per capita (US$)	1 710
One-year-olds immunized against DPT3 (%)	99
One-year-olds immunized against measles (%)	99

[a] The WHO/UNICEF/UNFPA estimate for MMR is 76 per 100,000 live births for the year 2000. This estimate is adjusted for misclassification and underreporting.
[b] Survival rate to grade 4.
[c] DHS 2000.

The situation of children and women

1. The Islamic Republic of Iran has a population of approximately 66 million people. The decade following the Islamic revolution of 1979 saw rapid population growth, and today 38 per cent of the population is between 10 and 25 years of age.

2. Iran ratified the Convention on the Rights of the Child, with general reservations, in 1994 and has reported twice to the Committee on the Rights of the Child. The Optional Protocols to the Convention are in the process of being adopted. In 2003, Parliament approved the signing of the Convention on the Elimination of All Forms of Discrimination against Women.

3. Iran ranks number 106 on the Human Development Index. Social indicators have continued to improve over the last decade and are among the best in the Middle East and North Africa region. Among the improvements: Iran is near to being certified free of iodine deficiency disorders (IDD) and has eradicated polio. Major progress has also been made in widening access to primary health services and primary education and in improving female literacy. Access to community health services is almost universal. Immunization rates for the major killer diseases are above 95 per cent. Growth monitoring and promotion of under-fives has been adopted, but is not yet implemented everywhere. Child and maternal mortality have decreased significantly.

4. Tackling malnutrition and promoting quality childcare practices remain challenges, especially in provinces marked by high disparities. The prevalence of stunting is 15 per cent, and micronutrient deficiencies among children and women are high. Iran's capacity to address malnutrition needs to be strengthened.

5. In education, quality is a major issue, and reform is high on the national agenda. At 27 per cent, the education budget's allocation to primary schooling

significantly trails the 35 per cent allocated to secondary education. However, children in the higher grades, few vocational training opportunities exist. The literacy rate of the population aged 6 years and above has reached 80 per cent (85 per cent for men, 76 per cent for women), but is lower in the poorer provinces, particularly among women. Especially in the 12 priority areas where disparities are prominent, girls lag behind boys in access to school as well as completion, retention and transition to higher levels of education.

6. The prevalence of HIV/AIDS is still less than 0.1 per cent and so far is linked mainly to injecting drug users. However, officials and policy makers have been alerted to the first cases of HIV/AIDS resulting from heterosexual transmission in the general population. This is worrisome, as Iran has no dedicated health services for young people and has cultural barriers against sex education. To avoid a major epidemic, existing initiatives for raising HIV/AIDS-awareness among children and young people need to be accelerated.

7. Iran, like all countries, faces major challenges in identifying and addressing abuse and exploitation of children. Corporal punishment is a major issue. In a recent survey, 20 per cent of children 6 to 11 years old, and 9 per cent of those 12 to 18 years old, said they had been physically punished by their caregivers during the week before the survey. There are also reports of corporal punishment being given in schools and juvenile correctional centres. Child labour is another concern, and it is likely that the number of working children is also rising. Already, an estimated 5 percent of children aged 10-14 are economically active. Child labour is five times more extensive in rural areas than in urban areas.

8. Poverty in Iran follows a disparity pattern. Between 18 and 35 per cent of the population lives in poverty, according to estimates, and approximately 2 million families live on less than US$ 1 a day. Large disparities exist between and within provinces. For example, in Sistan and Baluchistan provinces, only 55 per cent of the population has access to safe water, compared with 83 per cent nationally. The corresponding percentages for illiteracy among children 6 to10 years old are 22 and 4, respectively. The gaps in nutrition indicators and birth registration are similarly wide.

9. Disparities regarding men and women are pronounced. An increasing number of women are entering the workforce, but the unemployment rate of women aged 15-24 years rose from 27 per cent in 1996 to 41 per cent in 2001. For men, the equivalent figures are 20 per cent and 35 per cent. Participation of women in recent elections was very high, but women occupy only 13 out of 290 seats in Parliament, and few ministerial and managerial posts.

10. Iran sent its country report to the Committee on the Rights of the Child in 2000. The Committee's main concern was that a narrow interpretation of the Convention on the Rights of the Child was impeding the fulfilment of human rights and recommended that the Government adopt a national plan of action for the implementation of the Convention. This would include: the establishment of an independent institution for monitoring rights; more training programmes for civil society, children, adolescents, and professional groups working with children; and review of legislation to see where it could be harmonized with the Convention. Steps have been taken in all these areas, but instead of being incorporated into a national plan of action, they are being integrated into social development programmes.

Key results and lessons learned from previous cooperation, 2000-2004

Key results achieved

11. In five provinces, the Ministry of Education introduced more participatory teaching and learning methodologies in primary schools as a result of a Global Education Initiative, and new qualitative assessment mechanisms were developed. Nationwide, textbooks for Farsi, mathematics and science were revised to incorporate methodologies for active learning and life skills. Life skills education for drop-out children, non-enrolled children and adults, the majority being girls and women, was introduced to the Literacy Movement Organization. The country programme focused on education in the disparity provinces, helping more than 10,000 rural working girls and Afghan refugee children to obtain schooling in reading, writing, maths and life skills.

12. Regarding HIV/AIDS, the country programme achieved a major breakthrough in the creation of a comprehensive communication strategy for AIDS-affected children both in and out of school. The materials included cover extra-curricular and curricular school activities, capacity development for behavioural communication and peer education for out-of-school children. In addition, UNICEF was instrumental in the development of the funding proposal for the Global Fund to Fight AIDS, Tuberculosis and Malaria, enhancing the opportunities of non-governmental organizations (NGOs) to actively engage in HIV/AIDS.

13. Fifteen health surveys and studies were conducted, including a micronutrient survey and a demographic and health survey. Vaccine planning and forecasting was strengthened to ensure constant availability of supplies, which is crucial in maintaining Iran's polio-free status. In support of the campaign against polio, Ministry of Health staff were trained in surveillance for acute flaccid paralysis and in mopping up. In late 2003, Iran conducted the world's largest campaign to eliminate measles and rubella, exceeding the goal of reaching 33 million children and young people. UNICEF support for this effort included a communication strategy, social mobilization, monitoring and evaluation.

14. Surveys and studies were also conducted on child abuse, on children who live or work on the streets, and on other vulnerable and at-risk children in five disparity provinces; another focus was on children with disabilities. UNICEF advocacy for a change in the child custody law led to an improvement in the custody rights of mothers.

15. Technical support was also provided to the development of a draft juvenile justice code, which has been accepted by the Judiciary but not yet approved by the Parliament, and advocacy for the re-establishment of juvenile courts in Tehran. In most provinces, juvenile centres have been set up, so that offenders are not detained with adults. The differences in the ages of criminal responsibility of girls and boys are gradually disappearing, and there is now a moratorium on capital punishment and flogging.

16. For children in residential care in Tehran, UNICEF supported a telephone helpline, run by the State Welfare Organisation, providing counselling and information about preventing mistreatment. This resulted in a significant decrease in

the number of maltreatment cases. The initiative has been replicated in Tehran by two NGOs and the State Welfare Organization.

17. As the recent earthquake in Bam made clear, Iran is vulnerable to earthquakes, which occur regularly, as do floods and landslides. A large capacity for immediate rescue exists, but improvement is needed in areas such as humanitarian aid management and psychosocial support for children and women, the primary victims. During the country programme period, UNICEF has provided major humanitarian assistance to four emergencies, including Bam, raising $20 million for emergency response. Assistance includes water supply, education and health and nutrition. The main partner in psychosocial-support activities, UNICEF helped to provide specialized counselling to more than 4,000 families. In Bam, UNICEF supported the immediate re-establishment of 26 Child Care Centres, and in Qazvin Province, UNICEF helped to re-establish a safe water supply to five villages demolished in the 2002 earthquake.

18. UNICEF also organized cross-border emergency operations in Iraq and Afghanistan. These included 25 convoys of humanitarian aid for Afghanistan by the end of 2002, and 20 convoys of humanitarian aid for Iraq, in 2003. Among the supplies sent to Iraq were 3.82 million schoolbooks printed in Iran. In addition, 11 international staff from UNICEF Iraq who were evacuated during the crisis worked in Iran before and after the war in 2003.

Lessons learned

19. Given its financial and human resources, Iran has excellent opportunities to take UNICEF-supported programmes to scale. UNICEF should therefore play a catalytic role in developing models for nationwide implementation and policy formulation. This strategy has helped to expand the early childhood development programme, in which Government-run childcare centres in rural areas increased from zero to 3,000 during the programme period.

20. Legislative reform and policy changes require lengthy processes that must be based on realistic goals, strong partnerships and commitment. The successful development of a juvenile justice code started an important process that is bringing national legislation in conformity with the Convention on the Rights of the Child. The partnerships established in this effort should be further strengthened to maintain the momentum and new partnerships should be formed in other protection areas.

21. Efforts to realize the rights of vulnerable and at-risk children are most successful when they use a multi-dimensional approach. This means combining legislative and policy reform with effective enforcement and monitoring on the ground. A decentralized approach is called for, involving communities and local authorities.

22. Whereas the current country programme has sought social development through national channels, the new country programme will take a community-based approach that brings social development closer to the child. By adopting a household focus and positioning itself more concretely at the district level in deprived provinces, the programme aims to have a greater influence on local decision-making and on strengthening the capacity of all those responsible for the well-being of children to help to realize their rights. Since the full participation of children and women is still a new concept in Iran, UNICEF must play a strong role

to promote such participation as well as gender equality in all aspects of development.

23. Collaboration with civil society should be explored further to leverage resources and make progress in realizing children's rights, but NGOs need assistance in becoming more effective, efficient and accountable in programme implementation. The media, highly receptive partners in the promotion of children's rights, will provide especially useful outreach in priority areas.

24. Iran possesses untapped resources in many areas, including technical capability in areas such as IDD, polio eradication, disaster-rescue operations, healthcare systems, and literacy education. Opportunities in Iran for procurement of humanitarian or programme supplies for other countries should also be pursued by UNICEF and other United Nations agencies.

25. The first Common Country Assessment (CCA) and United Nations Development Assistance Framework (UNDAF) were developed in 2003. The drafting of the CCA was a cumbersome process, which did not do justice to a number of child rights issues. Clearer terms of reference and indicators are needed to give rights of children and women the importance they deserve. In the future, links between the UNDAF and the achievement of the Millennium Development Goals should also be strengthened.

The country programme, 2005-2009

Summary budget table

	(In thousands of United States dollars)		
Programme	*Regular resources*	*Other resources*	*Total*
Early childhood	2 000	1 500	3 500
Girls' education and women's empowerment	1 000	750	1 750
HIV/AIDS	1 750	2 000	3 750
Child protection	880	1 000	1 880
Planning, coordination, communication and monitoring and evaluation	750	250	1 000
Cross-sectoral costs	1 500	-	1 500
Total	**7 880**	**5 500**	**13 380**

Preparation process

26. The Islamic Republic of Iran-UNICEF country programme of cooperation was prepared in consultation with line Ministries, United Nations agencies and NGOs. UNICEF played a major role in the preparation of the CCA/UNDAF by chairing the national steering committee for the CCA, and the UNDAF working group on social development. The country programme outcomes are included in the UNDAF outcome on Millennium Development Goals implementation and social development. Contributing to the preparation effort was a sub-national consultation held with local authorities, NGOs and the judiciary, in December 2003. The strategies of the 2005-2009 country programme were agreed to in a consultative

meeting held in March 2004 with the Government and NGO partners. In April 2004, a joint strategy meeting was held with other United Nations agencies and governmental and civil society organizations (CSOs).

Goals, key results and strategies

27. The overall goal of the 2005–2009 country programme is to protect and realize the rights of the most vulnerable, marginalized and at-risk girls, boys and women in selected disparity provinces and to ensure that national legislation and policies having direct impact on realizing the rights of children are developed, revised, and enforced. Besides following the human rights approach, the country programme will cover all stages of a child's life, up to18 years of age. The programme's four components are early childhood, girls' education and women's empowerment, HIV/AIDS, and child protection. Further efforts will be made to integrate children's development and protection rights and to ensure that children and adolescents participate in the planning, implementation and monitoring of the country programme. A fifth cross-cutting component is designed to enhance planning, coordination, communication and effectiveness in the use of resources.

28. The 2005-2009 country programme combines development of cost-effective and replicable models at the community level with policy development and legislative reform at the national level. The models will go to scale as soon as they demonstrate major improvement in the well-being of children, participation of children and women, and women's empowerment. Using community-centred capacity development and communication initiatives, community, district, provincial and national authorities will be empowered to assess, analyse and act on issues affecting the rights of children, focusing especially on the rights of girls.

29. Strong emphasis will be placed on making progress in the remote communities in 12 districts of three high-disparity provinces: Sistan & Baluchistan, Hormozgan and West Azerbaijan. These provinces, identified in national surveys as needing the greatest assistance, were also cited by Committee on the Rights of the child as having both low access to basic social services and the most visible violations of children's rights.

30. Building on positive momentum gained in support of the Convention on the Rights of the Child and in the process of ratifying the Convention on the Elimination of All Forms of Discrimination against Women, close collaboration with legislative bodies, members of Parliament, United Nations agencies and civil society will continue to be pursued. UNICEF will support the establishment of a national mechanism for monitoring of the Convention on the Rights of the Child to ensure regular, transparent and participatory reporting on its implementation. Indicators for monitoring the participation of children and women will be developed and included in all annual plans.

31. Expected key results of the country programme, in the 12 priority districts:

(a) By the end of 2009, a coverage of 90 per cent of children in the registration of births in the first three months life and the issuance of birth certificates to families;

(b) By the end of 2009, an enrolment of 50 per cent of children aged 3-5 in quality community-based childcare;

(c) By the end of 2009, a reduction, by 25 per cent of 2004 levels, of moderate child malnutrition and micronutrient deficiencies among girls and boys under five;

(d) By 2009, 75 per cent of girls and boys 10 to 18 years old, possessing information, knowledge and skills on how to protect themselves against HIV/AIDS;

(e) By the end of 2009, adolescent-friendly services available, and a corresponding national policy developed;

(f) By 2009, a 40 per cent increase in primary school completion rates among girls, compared with 2004 rates;

(g) By 2007, a national policy adopted on girls' education, including those who are marginalized and excluded;

(h) By 2009, 40 per cent of women possessing the knowledge and skills to participate regularly in community-level development activities;

(i) By 2007, a code of conduct on child protection, including protection against corporal punishment, is developed and implemented for teachers and workers in health, social welfare and relief;

(j) By 2009, a national communication strategy against child abuse is developed and implemented, and child help lines operate in 12 districts;

(k) By 2007, a national policy and guidelines on community-based planning and data collection, including child participation, is adopted and introduced to authorities at all levels;

(l) By 2007, the translation of lessons learned from immediate and long-term responses to natural disasters into guidelines and policies that are widely communicated.

Relationship to national priorities and the UNDAF

32. The 2005-2009 country programme is based on national priorities, the CCA and the UNDAF, and responds to the agreed UNDAF outcomes, stated as: quality basic education, primary health care and HIV/AIDS prevention and care services become incrementally available for vulnerable and marginalized groups; the rights of children and women to participate in development are fulfilled, and capacity for monitoring the Millennium Development Goals is established at national level.

Relationship to international priorities

33. The proposed programme will contribute to the Millennium Development Goals for reducing child mortality, achieving universal primary education, promoting gender equality and empowering women, and combating HIV/AIDS. It will also addresses the priorities of the UNICEF medium-term strategic plan, focusing in particular on girls' education, early childhood, HIV/AIDS and improved protection of children from abuse. The components on girls' education and HIV/AIDS are fully in line with the corresponding United Nations global initiatives.

Programme components

Early childhood

34. The objective is to protect and realize the rights of children under five to birth registration, health, nutrition and early childhood care in 12 districts in the three disparity provinces and to ensure the development of a national policy on early childhood. The component comprises three projects: (a) birth registration; (b) child health and nutrition; and (c) early childhood.

35. In addition to fulfilling a right in itself, birth registration will assist the community in its planning so that all rights of the child are respected. Regarding health, the monitoring of routine vaccination activities and the strengthening of Iran's capacity in vaccine planning and forecasting will ensure uninterrupted immunization services. Nutrition activities will focus on revitalization of growth monitoring and promotion activities at the community level, especially in areas where malnutrition is salient. Community-based integrated management of childhood illnesses (IMCI), which was piloted during the current country programme, will be further expanded, starting with the 12 districts.

36. Cost-effective models for early childhood programmes and school-preparatory activities will be developed, with a focus on rural areas, and a system will be created to monitor progress. UNICEF will ensure, to the greatest possible extent, that early childhood services for all children remain uninterrupted during emergencies.

Girls' education and women's empowerment

37. The objective of this component is to ensure, in the 12 priority districts, basic quality education for girls aged 6 to 12 and the empowerment of women. The programme aims to reduce disparities in education regarding access, retention, completion and transition for girls. Cost- effective and replicable models will be developed for the provision of quality basic education. The child-friendly school concept will be coupled with interactive learning and teaching methodologies to improve learning opportunities for girls and boys who are disadvantaged because of their economic or ethnic background.

38. The programme will contribute to the development of a national girls' education policy and advocate for special measures for school drop-outs, including second-chance education or vocational training. A dialogue with parents and the community will aim to increase understanding of the importance of girls' education, especially in efforts to prevent early marriages and pregnancies. During emergencies, UNICEF will ensure, to the largest possible extent, that education for all children is uninterrupted and that special attention is paid to protecting girls' right to education.

39. Community-centred capacity development (CCCD) among women will aim at enhancing their negotiation skills, self-esteem and self-confidence. Women will be particularly involved in the monitoring of the enrolment and retention of their children in school, in problem-solving activities and in peer education for reduction of household violence against girls and women. In collaboration with NGOs and women's groups, the programme will support advocacy for the ratification of the Convention on the Elimination of All Forms of Discrimination against Women.

Protection of the rights of girls and women in emergencies will focus on issues of abuse, violence and participation.

HIV/AIDS

40. The objective is to support HIV/AIDS-prevention for girls and boys 6 to 18 years old, both in and out of school. This component includes two projects: HIV/AIDS communication and education, and adolescent-friendly services. In the first project, efforts will be made with the Ministries of Health and Education to integrate preventive messages in primary school curricula and teacher- training packages. In addition, studies will be conducted on the knowledge, attitude and practices regarding HIV/AIDS among children and teachers to assess the impact. Supporting this work will be a comprehensive communication strategy developed in the current programme, to be implemented nationwide. NGOs and youth groups will be given support for peer-education programs HIV/AIDS.

41. Through innovative approaches, the programme aims to develop models for adolescent- friendly services in rural and semi-urban areas in the 12 districts. Counsellors and health workers will be trained in the special needs of adolescents, and information materials and campaigns will be developed to promoting adolescent-friendly services. The programme will also enhance the capacities of teachers, health and social workers, and local officials to encourage the participation of adolescent girls and boys in decision-making related to their development. During emergencies, UNICEF will support HIV/AIDS-prevention activities and adolescent-friendly services and will encourage girls and boys to participate actively in relief and recovery.

Child protection

42 The overall objective is to protect girls and boys of all age groups from abuse, exploitation and violence, within the household, school system and community. This component comprises two projects: legal reform and policy development, and prevention of child abuse. Advocacy will take place for the protection of children from gross rights violations and for the ratification of the Optional Protocols to the Convention on the Rights of the Child as well as for legal reforms and policy development. Through cooperation with a wide range of partners, a nationwide communication strategy for child abuse will be developed, child help lines will be expanded beyond the major cities, and CCCD and monitoring activities will be supported.

43. At the community level, the programme will focus on the creation of a protective environment by strengthening capacities of parents and local authorities to protect children against all forms of abuse and violence.

Planning, coordination, communication and monitoring and evaluation

44. This part of the programme aims to establish national and community-based mechanisms to further realize the rights of children and women. Efforts will be made, in the 12 districts in particular, to strengthen the capacities of children and caregivers in participatory planning and monitoring methods.

45. There are three projects involved: monitoring of implementation of the Convention on the Rights of the Child; planning and coordination; and emergency

preparedness and response. Efforts will be made to support the creation and capacity-building of an independent national institution to monitor and report on implementation of the Convention. The institution will be empowered to receive and address complaints regarding rights violations. A community-based information management system centred on *DevInfo* will also be introduced. This system will use programme indicators, including birth registration data, from the 12 districts to track the situation of children. Major initiatives will focus on enhancing the capacity of those involved in the project, at all levels, in programme planning and coordination.

46. Communication efforts at community and district levels will aim to promote behaviour and attitudes more respectful of the rights of children and women, and key national events will be planned to increase awareness of those rights.

47. Disaster management and emergency planning and response are integrated into this programme. Support will be given to strengthen national capacity and policies in these areas, and to regularly update emergency contingency plans.

Cross-sectoral costs

48. This component will cover overarching costs, including overall programme coordination and supply assistance.

Major partnerships

49. UNICEF will continue strengthening its partnerships with the Ministries of Foreign Affairs, Health, Education and Interior, and the Judiciary. For integrated planning and coordination, partnerships will increasingly involve multi-sectoral working groups that include provincial and district authorities, civil society, children and women. UNICEF will cooperate with local NGOs and CSOs in programme implementation and advocacy.

50. Collaboration with other United Nations agencies will continue within the framework of the UNDAF. This includes cooperation with the World Health Organization on child health and nutrition; with the United Nations Population Fund on participation of girls and women; with the United Nations Educational, Scientific and Cultural Organization on the monitoring achievement of the Education for All goals; with the United Nations Development Programme (UNDP) on monitoring achievement of the Millennium Decade Goals and on disaster preparedness and response; with the Office of the United Nations High Commissioner for Refugees on advocacy for refugee children and women; and with the World Food Programme on school food programmes for girls. UNICEF will actively participate in the United Nations country team thematic group on HIV/AIDS and advocate with UNDP/HABITAT for the child-friendly city initiative in Bam.

Monitoring, evaluation and programme management

51. This will involve a wide variety of partners, from the community to national levels. An integrated monitoring and evaluation plan will guide implementation, research and evaluation. As part of this research, in 2004, a survey will be conducted in the 12 disparity districts to generate baseline data on all relevant indicators. Management of the country programme will rest with a multi-sectoral country programme management team, who will conduct quarterly, mid-year and

annual reviews. This team will contribute to the major mid-term review of the country programme, to be held in 2007. In addition, multi-sectoral district implementation teams will be established to report on progress to provincial and national authorities and to UNICEF.

52. The country programme management plan outlines the staffing structure of the office, the major roles of its respective sections and units, the management and operational modalities, and how major risks and control functions will be addressed.